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| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS<br/>Application</b><br><br>Address to: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 | Application Number   | 09/894,396       |
|   | Filing Date          | June 28, 2001    |
|   | First Named Inventor | Kazuhiro Okanoue |
|   | Art Unit             | 2682             |
|   | Examiner Name        | Not Yet Assigned |
|   | Attorney Docket No.  | T3201.0037/P037  |

4079  
8/13/03  
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Please change the Correspondence Address for the above-identified application to:

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|   |  |       |     |                |            |
|---|--|-------|-----|----------------|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Steven I. Weisburd<br>DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP |       |     |                |            |
| Address   | 1177 Avenue of the Americas<br>41st Floor                    |       |     |                |            |
| City  | New York   | State | NY  | Zip            | 10036-2714 |
| Country   | US   |       |     |                |            |
| Telephone   | (212) 835-1400   |       | Fax | (212) 997-9880 |            |

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I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☐ Attorney or Agent of record.
- ☒ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number 27,409

|                       |                    |                          |
|-----------------------|--------------------|--------------------------|
| Typed or Printed Name | Steven I. Weisburd |                          |
| Signature             |                    |                          |
| Date                  | July 31, 2003      | Telephone (212) 896-5470 |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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| <input type="checkbox"/> *Total of <u>1</u> forms are submitted. |
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